

# Loudoun County Health Department Tuberculosis Risk Factor Screen

Date \_\_\_\_\_

*Tuberculosis (TB) is a serious disease that can be treated or prevented if found early. If TB is not treated early, it can spread to those you come in contact with, including your family and your students. This screening form is part of our continuing efforts to keep the community safe from exposure to tuberculosis.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS# or Drivers License # \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

*Your honest and complete responses to each of the following questions will help us determine whether you would benefit from additional testing for tuberculosis. Your responses will only be seen by health department staff and, if this screening is being conducted as part of a requirement of your current or prospective employer, will not by itself affect your ability to work or volunteer.*

1. Have you ever been tested for tuberculosis before with a skin test **OR** x-ray? ☐ Yes ☐ No  
If yes, date when last tested \_\_\_\_\_ Result: ☐ Negative ☐ Positive ☐ Don't Know
2. Are you currently having any of the following symptoms (check all that apply):  
☐ Unexplained Fever ☐ Chills ☐ Fatigue ☐ Weight Loss ☐ Night Sweats ☐ **NONE**  
☐ Loss of Appetite ☐ Cough with phlegm ☐ Coughing up Blood
3. Were you born or have you lived outside the United States? ☐ Yes ☐ No  
If yes, what country or countries? \_\_\_\_\_  
Year arrived in US \_\_\_\_\_, Have you traveled outside the U.S.? ☐ Yes ☐ No
4. Have you ever lived or worked closely with someone known or suspected to have tuberculosis? ☐ Yes ☐ No
5. Have you ever been or going to be an employee or volunteer at a Health Care Facility, nursing home or long-term residential facility and / or resident in correctional institution, or homeless shelter? ☐ Yes ☐ No
6. Do you have a disease or condition that suppresses or lowers your immune system such as diabetes, cancer, end stage kidney disease, or HIV? ☐ Yes ☐ No
7. If you are currently taking steroid pills, have you been taking at least 15 milligrams a day for the last 30 days? ☐ Yes ☐ No
8. Which race best describes you? ☐ African-American ☐ Asian ☐ Caucasian ☐ Hispanic  
☐ Native American ☐ Other \_\_\_\_\_
- 9: Have you lived for at least 6 months **IN** any of the following cities or any other city with a high rate of tuberculosis:  
☐ Atlanta ☐ Baltimore ☐ Miami ☐ Los Angeles ☐ New York  
☐ Washington DC, Other \_\_\_\_\_ ☐ **NONE**

**I certify that I have answered the above questions completely and truthfully. I understand that any incorrect or incomplete answer could put others at risk for tuberculosis. If this screening is being conducted as part of a requirement for my being able to work or volunteer, untruthful answers may be used as a cause for my dismissal.**

\_\_\_\_\_  
Signature of Patient

4/30/03

FOR DEPARTMENT USE ONLY:

Reviewers Name \_\_\_\_\_

Recommendation: PPD ☐ No PPD ☐